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May 30, 2003
DEPARTMENT OF ENERGY
OFFICE OF HEARINGS AND APPEALS

Hearing Officer's Decision

Case Name: Personnel Security Hearing

Date of Filing: May 22, 2002

Case Number: VSO-0545

This Decision concerns the eligibility of XXXXXXXX (hereinafter referred to as "the individual") for access authorization under the regulations set forth at 10 C.F.R. Part 710, entitled "Criteria and Procedures for Determining Eligibility for Access to Classified Matter or Special Nuclear Material."^{1/}

I. Background

In the Spring of 2001, the individual, a clearance holder, was arrested for Domestic Assault. As required by the DOE regulations, the individual reported this incident to the local security office. The individual was subsequently called in for an interview (Personnel Security Interview or "PSI") by a DOE Personnel Security Specialist. Because the individual had been drinking alcohol prior to her arrest, the Personnel Security Specialist referred her to a psychiatrist (hereinafter referred to as "the DOE psychiatrist") for an agency-sponsored evaluation. The DOE psychiatrist provided a written report of his evaluation to DOE security.

After reviewing the results of this investigation, the Director of the local Security Office determined that derogatory information existed which cast into doubt the individual's eligibility for access authorization. The Director informed the individual of this determination in a letter which set forth in detail the DOE's security concerns and the reasons for those concerns. I will hereinafter refer to this letter as the Notification Letter. The Notification Letter also informed the individual that she was entitled to a hearing before a Hearing Officer in order to resolve the substantial doubt regarding her eligibility for access authorization.

^{1/} An access authorization is an administrative determination that an individual is eligible for access to classified matter or special nuclear material. 10 C.F.R. § 710.5. Such authorization will be referred to in this Opinion as access authorization or a security clearance.

The individual requested a hearing on this matter. The Manager forwarded the individual's request to the Office of Hearings and Appeals and I was appointed the Hearing Officer. The hearing was convened near the individual's job site. Seven witnesses testified at the hearing. A Personnel Security Specialist and the DOE psychiatrist testified for the DOE. Testifying for the individual were her second level supervisor, a substance abuse counselor, the individual's son, her psychologist, and the individual herself.

II. Statement of Derogatory Information

As indicated above, the Notification Letter included a statement of derogatory information in possession of the DOE that created a substantial doubt as to the individual's eligibility to hold a clearance. This information pertains to paragraphs (h), (j) and (l) of the criteria for eligibility for access to classified matter or special nuclear material set forth at 10 C.F.R. § 710 *et seq.* Paragraph (h) defines as derogatory any information indicating that the individual has "[a]n illness or mental condition of a nature which, in the opinion of a board-certified psychiatrist, other licensed physician or a licensed clinical psychologist, causes, or may cause, a significant defect in judgment or reliability." Paragraph (j) refers to information that the individual has "[b]een, or is, a user of alcohol habitually to excess, or has been diagnosed by a board-certified psychiatrist, other licensed physician or a licensed clinical psychologist as alcohol dependent or as suffering from alcohol abuse."

The Notification Letter states that the individual was diagnosed by the DOE psychiatrist as suffering from alcohol abuse and that this constitutes an illness or mental condition which, in the opinion of that psychiatrist, causes or may cause a significant defect in the individual's judgement and reliability. In support of these conclusions, the Letter cites the DOE psychiatrist's diagnosis and his findings that the individual has demonstrated poor judgment and poor impulse control under the influence of alcohol and that there is insufficient evidence of reformation or rehabilitation. The letter also cites the individual's patronage of a local alcohol treatment facility for two months in the Spring of 2001, during which she was diagnosed as being alcohol dependent, and her continuing alcohol use at the same time that she was attending Alcoholics Anonymous (AA) meetings.

Paragraph (l) concerns information indicating that the individual "has engaged in unusual conduct or is subject to circumstances which tend to show that she is not honest, reliable, or trustworthy; or which furnishes reason to believe that she may be subject to pressure, coercion, exploitation or duress which may cause her to act contrary to the best interests of national security." As support for this security concern, the Notification Letter refers to the individual's arrest for Domestic Assault, which, the Letter alleges, involved the consumption of alcohol and resulted in injury to the individual's son.

III. Findings of Fact and Analysis

The criteria for determining eligibility for security clearances set forth at 10 C.F.R. Part 710 dictate that in these proceedings, a Hearing Officer must undertake a careful review of all of the relevant facts and circumstances, and make a "common-sense judgment . . . after consideration of all the relevant

information.” 10 C.F.R. § 710.7(a). I must therefore consider all information, favorable or unfavorable, that has a bearing on the question of whether restoring the individual’s security clearance would compromise national security concerns. Specifically, the regulations compel me to consider the nature, extent, and seriousness of the individual’s conduct; the circumstances surrounding her conduct; the frequency and recency of the conduct; the age and maturity of the individual at the time of the conduct; the absence or presence of rehabilitation or reformation and other pertinent behavioral changes; the likelihood of continuation or recurrence of the conduct; and any other relevant and material factors. 10 C.F.R. § 710.7(c).

A DOE administrative proceeding under 10 C.F.R. Part 710 is not a criminal proceeding in which the burden is on the government to prove the individual guilty beyond a reasonable doubt. *See Personnel Security Hearing*, Case No. VSO-0078, 25 DOE ¶ 82,202 (1996), *affirmed*, Case No. VSA-0078, 25 DOE ¶ 83,016 (1996) (*affirmed* by OSA, 1996). A hearing is “for the purpose of affording the individual an opportunity of supporting his eligibility for access authorization.” 10 C.F.R. § 710.21(b)(6). Once the DOE has made a showing of derogatory information raising security concerns, the burden is on the individual to produce evidence sufficient to convince the DOE that restoring her access authorization “would not endanger the common defense and security and would be clearly consistent with the national interest.” 10 C.F.R. § 710.27(d). *See Personnel Security Hearing*, Case No. VSO-0013, 24 DOE ¶ 82,752 at 85,511 (1995) (*affirmed* by OSA, 1996), and cases cited therein. After careful consideration of the factors mentioned above and of all of the relevant evidence in the record in this proceeding, I find that the individual has not successfully borne this substantial burden, and that her clearance should therefore not be restored. 2/

At the hearing, the individual essentially admitted to having used alcohol to excess in the past, but contended that she is now rehabilitated and no longer has a drinking problem. Hearing Transcript (Tr.) at 258-259. In support of this position, the individual first presented the testimony of her second level supervisor. He stated that he has worked with the individual on an almost daily basis, that she was a very good employee, and that he had never seen any indication in her professional life that the individual had been using alcohol to excess. However, he also testified that his social contact with the individual had been limited, and that he was not aware of the amount of alcohol that the individual would consume in her private life. Tr. at 161-168.

2/ There was a substantial amount of material introduced into the record by the DOE that does not relate to the allegations set forth in Notification Letter. I have not considered any of this material in reaching my determination in this proceeding. Specifically, I have considered all of the exhibits submitted by the individual, the DOE psychiatrist’s reports, the police report of the individual’s arrest, those portions of the individual’s two PSIs that address the security concerns set forth in the Notification Letter, and, of course, the testimony provided at the hearing.

Next, the individual's substance abuse counselor testified. He indicated that he was retained by counsel for the individual to perform a substance abuse evaluation. He interviewed the individual, in person and by telephone, for approximately four hours, administered a Substance Abuse Subtle Screening Inventory (SASSI) and performed a psychosocial evaluation and alcohol and drug assessment. Tr. at 179. After reviewing the results of this examination, the counselor testified, he concluded that the individual is not an alcohol abuser, nor is she alcohol dependent. Tr. at 180. When asked to explain this finding, the counselor said

She hits nothing on the [Diagnostic and Statistical Manual of Mental Disorders]. I could not diagnose her. She has no signs and symptoms, except for this . . . domestic violence charge, . . . [and] it was dismissed. And it's my understanding that she was not arrested for [Public Drunkenness] and I know our police officers in this town, if she had been drinking to the point that she was intoxicated or even smelling alcohol, especially with a child being involved, they would have arrested her for [Public Drunkenness] as well.

Id.

The individual's son then testified. He stated that in the months leading up to his mother's arrest, he saw her consume an average of two to three drinks per night. He then described the events leading up to his mother's arrest. He testified that on the day of the arrest, he was supposed to mow the lawn, but did not because it was hot and he wanted to go to a friend's house to play. When the individual came home and asked the son why the lawn had not been mowed, the son replied that he did not want to do it. He added that he had regularly disobeyed the individual prior to this incident, but that she had never responded in a physical manner. Tr. at 200-203. After confronting her son about the lawn, he testified, she had "a couple of drinks" of alcohol. Tr. at 203. Then, he stated,

. . . I was going to go down to my friend's house, but she would not let me, so I kind of brushed into her and that's when we started pushing each other, and then she got the better side and then I fell down and scraped my elbow.

Id. He explained that she did not hit him in the face, but instead pushed him and he fell backwards onto the concrete porch, scraping his elbow and scratching his neck. Tr. at 205. The individual called her brother, and shortly thereafter, he arrived at the scene along with the son's grand parents and the police. Tr. at 207. The son stated that the police separated him from his mother, and told his grandparents to take him to the local hospital's emergency room. Since the arrest, he said, he has seen his mother drink alcohol on four occasions, with the last such occurrence taking place in March 2002. On each occasion, he testified, she would have one to two drinks. Tr. at 209.

The individual also testified on her own behalf. She stated that she began drinking approximately 19 years ago and would have "a drink or two maybe once a week or so," and that this pattern of consumption continued until approximately two years ago. Tr. at 215. At that time, she testified, increased levels of stress

from several factors led to an increase in her alcohol usage. First, the individual experienced health problems, which culminated in the surgical removal of her uterus and ovaries approximately two years ago. Then, the individual said,

After the operation, well, there was . . . more than [the usual amount of] stress from [the] job, things that were going on at work. The hysterectomy, I lost hormones so I had to go on hormone replacement, so I was kind of fluctuating that way. And [the individual's son] was like going through puberty. He was, he'd just started doing his own thing.

Tr. at 217. She told her doctor that she was experiencing a certain degree of emotional instability because of these problems, and her doctor prescribed Prozac, an antidepressant, and Premarin, for hormone replacement.

Tr. at 218. The individual then provided details concerning these sources of stress. Concerning her son, she stated that

A. We were kind of not communicating about discipline and helping around the house and how important it is to make good grades and try to study. Just things like that.

Q. Did you have a father figure in the house during the weekdays?

A. We never had a father figure.

Q. Tell us about the problem with [your son] as the years go by.

A. . . . It is just like rebellion, trying to find his own way, trying to be a man, he is torn between being a child and being a man and thinking that he runs the house and he can do what he wants to, just kind of testing the waters.

Tr. at 219. The individual then testified about her work related stress during this period. She stated that she had to take a polygraph examination in conjunction with an investigation, and was temporarily reassigned to another location. Tr. at 220.

In order to deal with these stresses, she said, she would "fix [herself] a drink in the afternoons." Tr. at 221. Specifically, she explained that she would "pour a very small amount of vodka in almost a can of sprite and a little bit of lemon juice in a small like cocktail glass," and that, on a given weeknight, she would consume approximately one ounce of alcohol. Tr. at 222. On the weekends, she testified, she would generally drink more, drinking to intoxication "occasionally." Tr. at 223. 3/

The individual then discussed the events that led up to her arrest for Domestic Assault. She said that during the week preceding the arrest, she had repeatedly instructed her son to mow the lawn after school, and he had repeatedly failed to do so. Then, after coming home one day, she said, she asked her son why he had

3/ The individual defined "intoxication" as "feeling good, it's not falling down drunk and not being able to take care of my duties or responsibilities." Tr. at 222.

not mowed the lawn. He replied that he had not done so because it was “pretty hot out there.” The individual then insisted that he begin mowing the lawn. After this exchange, the individual “mixed some drinks, I had a drink or two . . .” Tr. at 225. The individual then retrieved two lawnmowers from storage, and the individual’s son came outside and started to help her cut the grass. Eventually, the individual testified, her son stopped working, and, telling her that he was tired, he stated that he was going to go “check out” his friends.

A. I said, oh, no, you are not. And he goes to get up and brushed by me and in my mind I just said, oh no, you are not . . . and I proceeded to try to stop him and that’s when - -

Q. Now describe that more fully now, go ahead. What happened?

A. He pushed me, he pushed by me and I’m upset, you know, and I push him back and he pushes me and then we exchange a couple of blows, you know, not punches.

Q. Do you hit him with your open hand?

A. I slapped him . . . yes.

Q. Did you have long fingernails at that time?

A. I had fingernails at that time. I don’t have any now.

Q. And he pushed you, right?

A. Right.

Q. You pushed him back?

A. Yes.

Q. Did he hit you too?

A. Yes, we exchanged a couple of blows. . . . And then . . . when I pushed him back to grab his shoulders he fell down on the concrete porch and hit his elbow on the concrete.

Tr. at 226-227. She added that as a result of this incident, her son sustained a scratch around his neck and an injury to his arm Tr. at 228. On the advice of her brother, the individual testified, she called 911. The police responded, talked to the individual and her son separately, and then arrested the individual.

Next, the individual testified about the reactions of her family toward her alcohol consumption. She said that they wanted her to cut back on her drinking because, during family gatherings, she would “say things that [she] would not normally say,” under the influence of alcohol and hurt relatives’ feelings by verbally “releasing everything that I think about them.” Tr. at 230. According to the individual, this happened “once or twice.” Tr. at 231. Because of her family’s wishes and because of the altercation with her son, the individual voluntarily entered, and completed, a 28 day outpatient treatment program at a local hospital. After the 28 days, the individual attended Alcoholics Anonymous (AA) meetings twice a week for several months. Tr. at 234-235.

The individual further stated that during the period between her arrest and her receipt of the Notification Letter, she consumed alcoholic beverages on several occasions. Specifically, she said that she had a drink the night before her PSI after previously taking “several sips” of a drink and pouring the remainder down the drain. Tr. at 240. In addition, she had two drinks in the six month period between her PSI and her

evaluation by the DOE psychiatrist and one drink between the evaluation and her receipt of the Notification Letter. The individual testified that she stopped drinking on the day that she received the Letter, and had not consumed any alcoholic beverages since then. Tr. at 246. She said that it was her intention to permanently abstain from all alcohol use. Tr. at 250.

Finally, the individual testified about her sessions with a local psychologist. She stated that she has seen the psychologist once a week for eleven weeks, and that during these sessions, they have discussed the stressors in the individual's life, and how to address them without resorting to alcohol use. These alternate methods of coping with stress have included diet, exercise, breathing techniques, meditation and cognitive thinking. Tr. at 248.

The individual's psychologist also testified. She stated that, after interviewing the individual, she concluded that the individual was not alcohol dependent, but did suffer from alcohol abuse when she began seeing her. Tr. at 277. She said that, by drinking, the individual "was medicating herself, about the anxiety she was having in her life, with alcohol, but . . . no one, either in her outpatient treatment program or subsequently in AA, had really given her some tools to decrease her anxiety." Tr. at 278. During their sessions, she added, she has provided the individual with other strategies for handling stress and decreasing anxiety. This has included cognitive therapy (i.e., "how to change some of those low self-esteem thoughts and stress-oriented thoughts." Tr. at 284), meditation, and information on maintaining good health and on improving her level of communication with her son. Id. She concluded that the individual does not currently suffer from alcohol abuse. Tr. at 286.

After reviewing this mitigating evidence and the record as a whole, I conclude that the individual does not suffer from alcohol dependence, as was diagnosed during her outpatient treatment at the local hospital, and that she has made progress in addressing the causes of her alcohol-related problems. I reach the former conclusion because the DOE psychiatrist was unable to confirm that diagnosis, Tr. at 146, and the substance abuse counselor and the individual's psychologist affirmatively found that the individual is not alcohol dependent. Tr. at 180, 277. ^{4/} I also found the testimony of the individual and the individual's psychologist concerning the therapy that the individual is receiving to be of significant mitigating value. The record indicates that the individual was consuming alcohol as a means of coping with stress and anxiety,

^{4/} The record in this matter suggests that the individual's apparent unfamiliarity with the concepts of alcohol tolerance and alcohol-related "blackouts" may have caused her to inadvertently provide erroneous information to her outpatient treatment providers that led to a diagnosis of alcohol dependence. Tr. at 190, 192, 240, 276. For example, the individual's psychologist testified that the individual thought that an alcoholic blackout was "when you go to bed and shut your eyes and you are tired and it is gone, you are blacked out." Tr. at 282. In fact, a blackout occurs when you are awake and functioning during a period in which you are under the influence of alcohol, but later have no recollection of that time.

and the mastery of other means of dealing with these factors would make it less likely that the individual would abuse alcohol in the future.

I further conclude, however, that the DOE psychiatrist's findings that the individual suffers from alcohol abuse and that this condition causes or may cause a defect in the individual's judgement or reliability are adequately supported by the record in this matter. At the outset, I note that these findings were set forth in an initial report, dated January 13, 2002, and in a supplemental report, dated January 29, 2002. In the initial report, the DOE psychiatrist diagnosed the individual as suffering from Alcohol Abuse, but stated that

This examination failed to identify a diagnosis that may cause significant defect in judgement or reliability in accordance with title 10 CFR part 710. While there are no findings at the time of this examination that warrant immediate concern, I cannot attest that there will be no future problems that would arise from his (*sic*) alcohol usage.

DOE psychiatrist's January 13, 2002 report at 7. The DOE psychiatrist's January 29, 2002 supplemental report consisted of four questions posed by the local DOE Security Office and the psychiatrist's answers to those questions. ^{5/} The Personnel Security Specialist testified that the local security office requested the supplemental report from the DOE psychiatrist because the January 13 report "did not address the questions specifically in the format that we requested." Tr. at 73. In response to question number four, "Does [the individual] have an illness or mental condition that causes or may cause significant defect in judgement or reliability," the DOE psychiatrist answered "In my opinion, yes. She has demonstrated poor judgement and poor impulse control under the influence of alcohol leading to her recent encounter with the legal system." Supplemental report at 2. The individual contends that this statement contradicts the DOE psychiatrist's finding in the January 13, 2002 report and was prompted by the local security office's request. He therefore argues that the DOE psychiatrist's reports and testimony should be given little or no weight.

The record does not support the individual's contentions in this regard. When asked to explain the apparent discrepancy between the two reports, the DOE psychiatrist said that

When I had done this examination . . . , I had been instructed to do a clinical evaluation of this patient and that is what I did. And at the day and time that she presented in my office, [the individual] presented very well. And she was pursuing treatment and her judgement at

^{5/} Those questions are (i) "Is [the individual] a user of alcohol habitually to excess or is she alcohol dependent or suffering from alcohol abuse," (ii) "If so, is there adequate evidence of rehabilitation or reformation," (iii) "If not rehabilitated or reformed, what length of time and type of treatment would be necessary for adequate evidence of treatment or rehabilitation," and (iv), "Does [the individual] have an illness or mental condition that causes or may cause significant defect in judgement or reliability?"

that day seemed to be good. And so based on what I saw at that day, I didn't feel like there was a cause for concern. I felt that she needed more treatment, but it seemed like she was willingly participating in that treatment and she was open and forthcoming with me in the interview.

Tr. at 97-98. After filing his initial report, the DOE psychiatrist added, he received a telephone call from the local DOE security office. He was informed that DOE security "was not so concerned about the snapshot," or short term, view of the individual's case, but about her long term prognosis and the answers to the four questions. Tr. at 99. When asked whether it was his impression that DOE security wanted him to give any particular answer to the questions, the DOE psychiatrist replied "[They] didn't care one way or the other." Tr. at 100. He added that DOE security informed him that

They can't make decisions unless they have these questions answered and the file is incomplete . . . and . . . I had had no training on how to do DOE evaluations, I was just told to do a clinical evaluation, which is what I did. So then, taking the long term view, I answered these questions about [the individual's] case in light of taking the past into consideration up until that point and I answered them the best I could.

Tr. at 101. The language used by the DOE psychiatrist in his January 13 report supports his testimony that that report represented a "snapshot" of how the individual presented on that day. "While there are no findings *at the time of this examination* that warrant immediate concern," he concluded, "*I cannot attest that there will be no future problems* that would arise from" the individual's alcohol usage. January 13, 2002 report at 7 (italics added). I therefore reject the individual's contention that the DOE psychiatrist's findings in the January 29 supplemental report should be discounted because they were prompted by DOE security's request.

At the hearing, the DOE psychiatrist testified as to the basis for his diagnosis of alcohol abuse. Referring to the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV), he said that the individual's behavior satisfied items one and four of the criteria for substance abuse. Tr. at 133. Item one concerns recurrent substance use resulting in a failure to fulfill major role obligations at work, school, or home. Item four refers to continued substance use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of the substance. In support of the applicability of these criteria, the DOE psychiatrist cited the altercation that led to the individual's arrest and her ongoing difficulties with her son, and the individual's continued alcohol use despite these difficulties and despite repeated entreaties from her family to curb her consumption. Id.

There is ample factual support in the record for the DOE psychiatrist's diagnosis. The individual continued to ingest alcohol after an altercation with her son in which he sustained injuries and during which the individual was admittedly intoxicated, and despite requests from her family that she cut her consumption due to inappropriate comments made after drinking at family gatherings. Her participation in an outpatient treatment program and in AA meetings, both of which were predicated on total abstinence, were

unsuccessful in getting her to stop. Indeed, the individual's own psychologist testified that the individual has, in the past, suffered from alcohol abuse. Tr. at 277, 291, 302. I have considered the testimony of the substance abuse counselor that the individual was not an abuser of alcohol, but I believe it to be outweighed by the opinions of the DOE psychiatrist and the individual's own psychologist.

I further conclude that there is insufficient evidence of reformation or rehabilitation to warrant the restoration of her clearance. As an initial matter, the individual's claim that she has stopped drinking and had, as of the date of the hearing, been totally abstinent for approximately eight months is supported only by her own testimony and that of her son. However, because of certain inconsistencies in the record, I harbor substantial doubts about the accuracy of their testimony.

These inconsistencies primarily concern the events that led to the individual's arrest. The individual's son testified that he "brushed into [the individual] and that's when we started pushing each other," and he fell backward, scraping his elbow and scratching his neck. He added that she did not strike him in the face. Tr. at 203, 205. The individual testified that he brushed into her, they pushed each other and "exchanged a couple of blows, you know, not punches." She said that she slapped him with an open hand, and her long fingernails scratched her son's neck. Tr. at 226-227. However, the report written by the police, presumably after interviewing the individual and her son, states that the individual "punched victim in the face several times causing bleeding and obvious injury." DOE Exhibit 5-3. 6/

Furthermore, even accepting the individual's testimony about her period of abstention as true, I could not conclude that she has demonstrated adequate reformation or rehabilitation. In his January 29 supplemental report, the DOE psychiatrist stated that in order to demonstrate adequate reformation or rehabilitation, the individual "must abstain from alcohol for a minimum of 18-24 months." DOE psychiatrist's supplemental report at 2. At the hearing, he explained his basis for that conclusion.

6/ Inconsistencies also exist concerning the amounts of alcohol that the individual claims to have consumed before abstaining from further use. During the PSI, the individual stated that during the preceding year, she would generally have two to three drinks on week nights and three to four drinks on weekend nights. PSI at 29-30. She added that prior to the altercation with her son, she had three or four drinks. PSI at 10. However, at the hearing, she testified that she would generally have one drink on week nights and a higher, but unspecified number of drinks on weekend nights. Tr. at 221-222. She also testified that she had "a drink or two" prior to the altercation with her son. Tr. at 225. The individual explained these discrepancies by stating that her drinking during week nights consisted of approximately one shot of alcohol mixed with Seven Up and lemon juice, and that if she wanted more, she would add more Seven Up and lemon juice, but not more alcohol. Therefore, she said, her "two or three" drinks consisted of one shot of alcohol and additional amounts of other beverages. Since she drank at home alone, the individual could not produce any independent corroboration for this explanation.

Well, there is no magic number about how long someone should stay completely sober. However, there were some factors involved in this in that [the individual] continued to drink [after receiving treatment], and two, her drinking had led her into substantial problems, not only for her, but for her family members as well. And for her to have her best shot at having a good long term prognosis, she needs to have a substantial period of sobriety and that is a year and a half to two years.

Tr. at 104-105. The individual's psychologist testified that because the individual has refrained from alcohol use for eight months and because of the progress she has made in finding other ways of handling the stressors in her life, she believes that the individual has been rehabilitated from her alcohol abuse. Tr. at 302.

Because I have concerns about the individual's long term commitment to sobriety, I agree with the DOE psychiatrist that a longer period of abstinence is required. At the hearing, when asked whether she believes she has a drinking problem, the individual replied that she does not because she has abstained, and that she's "made up [her] mind that in order to keep my job requires abstinence and that is what I'm going to do." Tr. at 258. Although eight months of sobriety would certainly be evidence that her alcohol abuse is under control, I believe that she still has a drinking problem. Indeed, both the DOE psychiatrist and her own psychologist opined that the individual would never be able to successfully consume alcohol in moderation. DOE psychiatrist's January 29 supplemental report at 2, Tr. at 301. The individual indicated that she did not feel that she could drink in moderation, and that she is abstaining not only because of fears of losing her clearance but also because it has improved her life. Tr. at 258, 259. However, I find it significant that although her drinking had contributed to repeated family problems, including an arrest stemming from an altercation with her son, the individual did not completely stop until she received the Notification Letter. Given the limited amount of time that she has refrained from drinking, I believe that the risk that she will attempt to drink in moderation after the glare of this administrative review proceeding has subsided is unacceptably high.

IV. Conclusion

As explained in this Opinion, I find that the arguments advanced by the individual in her defense do not adequately mitigate the DOE's security concerns. Based on the record in this proceeding, I am unable to

conclude that restoring the individual's access authorization would not endanger the common defense and security and would be clearly consistent with the national interest. Accordingly, I find that the individual's access authorization should not be restored.

Robert B. Palmer
Hearing Officer
Office of Hearings and Appeals

Date: May 30, 2003